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WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/602,279	<b>FILING DATE</b> 06/23/2000 <b>RULE</b> -	<b>CLASS</b> 711	<b>GROUP ART UNIT</b> 2751	<b>ATTORNEY DOCKET NO.</b> P3814
<b>APPLICANTS</b> Mario Nemirovsky, Saratoga, CA ; Narendra Sankar, Santa Clara, CA ; Adolfo Nemirovsky, San Jose, CA ; Enric Musoll, Los Gatos, CA ;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/25/2000</b>		<b>** SMALL ENTITY **</b>		
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 24
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 24739				
<b>TITLE</b> Methods and apparatus for background memory management				
<b>FILING FEE RECEIVED</b> 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 9147

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/602,279	<b>FILING DATE</b> 06/23/2000 <b>RULE</b>	<b>CLASS</b> 710	<b>GROUP ART UNIT</b> 2182	<b>ATTORNEY DOCKET NO.</b> P3814
<b>APPLICANTS</b> Mario Nemirovsky, Saratoga, CA; Narendra Sankar, Santa Clara, CA; Adolfo Nemirovsky, San Jose, CA; Enric Musoll, Los Gatos, CA;				
<b>** CONTINUING DATA *****</b> <i>NONE</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/25/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 24
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 24739				
<b>TITLE</b> BACKGROUND MEMORY MANAGER THAT DETERMINES IF DATA STRUCTURES FITS IN MEMORY WITH MEMORY STATE TRANSACTIONS MAP				
<b>FILING FEE RECEIVED</b> 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	